

Notice: Nonprofit conservation organizations shall use this application form when applying for a grant under the Knowles-Nelson Stewardship Program, pursuant to ch. NR 51, Wis. Adm. Code. The information will be accessible to requesters under Wisconsin's Open Records law (Sec. 19.31 – 19.39, Wis. Stats.).

**Send two separate copies of your application materials to the Community Services Specialist in your local DNR Region Office. Attachments 2-8 must be submitted with the application form. Other attachments may be submitted as they become available. No final decision on your grant request will be made until all attachments have been received.**

#### APPLICANT ELIGIBILITY

Pursuant to Sec. 23.0955(1), Wis. Stats., to be eligible for the Knowles-Nelson Stewardship Program, an organization must be 501(c)(3) tax-exempt and have as part of its mission the acquisition of property for conservation purposes.

- ☐ Our organization has previously been certified as eligible for the Knowles-Nelson Stewardship Program.
- ☐ Our organization is still 501(c)(3) tax-exempt and has not changed its mission since certification.
  - ☐ Our organization's 501(c)(3) tax-exempt status and/or mission has changed since certification. *Attach an explanation.*
- ☐ Our organization has not previously been certified as eligible for the Knowles-Nelson Stewardship Program. *Submit a Nonprofit Conservation Organization Stewardship Eligibility Application.*

#### APPLICANT INFORMATION

Name and address of organization	Name and title of individual authorized to act on behalf of the grant applicant.
Fax number (include area code)	Telephone number (include area code)
Employer Identification Number	E-mail address
Name of attorney who will be reviewing legal documents associated with this transaction	Attorney telephone number (include area code)
<b>Mail check to: (complete if different from the grant applicant)</b>	
Name of recipient and organization	Address (include zip code)

#### PROPERTY INFORMATION

Project name		Name of landowner		Number of acres	
<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		WI Assembly District		US Congressional District	
Township	Range	Section	¼ ¼	County	Project Type <input type="checkbox"/> Land Acquisition <input type="checkbox"/> Easement Acquisition

Status of negotiations with landowner (check one):

- ☐ Discussions are underway with the landowner.
- ☐ An option has been signed. Expiration date: \_\_\_\_\_
- ☐ An offer to purchase has been signed. Expected closing date: \_\_\_\_\_
- ☐ Property/easement has been purchased. Date of conveyance: \_\_\_\_\_

**GRANT REQUEST**

Amount of cash award requested:

Grant payment option:

☐ Reimbursement☐ Escrow closing

Date check needed is: \_\_\_\_\_

**PROJECT BUDGET**

Appraised value of property or easement being acquired: \$ \_\_\_\_\_

Date seller acquired the property: \_\_\_\_\_

Appraised value of property being used as sponsor match: \$ \_\_\_\_\_  
(NA if none)

Date of conveyance to grant applicant: \_\_\_\_\_

Were either of these appraisals commissioned by the seller (or donor)? ☐ Yes ☐ No**Estimate of Eligible Transaction Costs**

Appraisal \$ \_\_\_\_\_

Title Insurance \$ \_\_\_\_\_

Survey \$ \_\_\_\_\_

Phase 1 Assessment Report \$ \_\_\_\_\_

Historic/Cultural Assessment  
(if required by DNR) \$ \_\_\_\_\_

Recording fees \$ \_\_\_\_\_

Relocation \$ \_\_\_\_\_

Attorney's fees \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

**Funding Sources for Sponsor Match**

Sponsoring NCO \$ \_\_\_\_\_

Other government funds:

Specify source: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Property contribution from landowner \$ \_\_\_\_\_

Other property contribution \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_**NOTE:** All sources of sponsor match must be accurately stated. Indicate if any source listed is an estimate. Notify your CSS of changes in Sponsor Match.

What is your actual purchase price for the property or easement? \$ \_\_\_\_\_

**REQUIRED ATTACHMENTS****Submit two separate application packets.**

Check all that are included:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Application form   | 8. <input type="checkbox"/> Seller's Warranty Deed                                    |
| 2. <input type="checkbox"/> Organization information (submit only once each year)                                | 9. <input type="checkbox"/> Real estate appraisal (1 original/2 copies)               |
| <input type="checkbox"/> List of Current Board of Directors  | 10. <input type="checkbox"/> Accepted Option and/or Offer to Purchase                 |
| <input type="checkbox"/> Financial Statement or IRS Form 990   | 11. <input type="checkbox"/> Draft easement (for easement grants only)                |
| 3. <input type="checkbox"/> Project description  | 12. <input type="checkbox"/> Title Commitment or Title Insurance Policy               |
| <input type="checkbox"/> Project has previously been approved, and therefore project description is not included | <input type="checkbox"/> Backup information included                                  |
| 4. <input type="checkbox"/> Property Information   | 13. <input type="checkbox"/> Draft Access Easement, if needed                         |
| 5. <input type="checkbox"/> Board Resolution authorizing the grant application                                   | 14. <input type="checkbox"/> Draft Mortgage Subordination, if needed                  |
| 6. <input type="checkbox"/> Maps   | 15. <input type="checkbox"/> Supplemental information for second appraisal, if needed |
| 7. <input type="checkbox"/> Environmental Assessment Form-1800-1/Phase 1 Report                                  | 16. <input type="checkbox"/> Supplemental information for match property, if needed   |

**CERTIFICATION****I certify that the information in this application and all attachments is true and correct and in conformity with applicable Wisconsin Statutes. An attorney shall review title work and legal documents associated with the transaction.**

Printed/Typed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized representative

Date